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TUBERCULOSIS

Prepared for the JOURNAL by the National Tuberculosis Association

THERE was a time, not long distant, when the word "tuberculosis" was used but little and understood still less by the general public. The term "consumption," on the other hand, had a very definite meaning in the people's imagination. It called up the vision of an emaciated person with a hollow cough and a carmine spot on each sunken cheek,—the person had a "catching" disease, and the safest way not to endanger one's life was to keep decidedly out of his way. People who nursed consumptives, so ran the fable, were almost certain to "get it" themselves. Thus far extended the knowledge of tuberculosis, and altogether the lay public and even nurses and practicing physicians stood in mighty awe of the disease which an imaginative writer had dramatically termed the Great White Plague.

Years of education, experimentation and research by specialists, however, have almost broken down the powerful barriers of ignorance and exaggerated fear. We now know that a large majority of the children under fifteen years of age are infected with the tubercle bacillus, and that the ultimate development into active disease depends to a considerable degree on food, working conditions and habits of living. Tuberculosis has certain definite symptoms, recognizable long before emaciation, expectoration, and the hectic flush betray the advanced case. Loss of weight, a persistent "cold," lasting fatigue, all these should arouse suspicion in the observer acquainted with the disease. Tuberculosis is a preventable disease, which means not only that every individual should keep himself physically fit, but that active tuberculosis must be discovered early so as to increase the patient's chances of recovery, and prevent the infection or reinfection of others.

The fact that the amount of tuberculosis is decreasing every year is due in no small measure to the increase in the number of sanatoria for the care of incipient cases. A visit to such an institution may cause the skeptic to pause and wonder if the examining physician did not, perhaps, make an error in his diagnosis; so healthy, ruddy and happy do the patients appear. Yet these are the cases who, because they recognize the importance of early treatment, have the greatest chance of recovery. There are still many nurses who hesitate to enter the tuberculosis field because of the fear of infection. With the training in sputum technic that every patient in a sanatorium receives, however, and which every attending nurse and physician thoroughly understands, the chances of infection are almost nil. For,

as the National Tuberculosis Association phrases it, "a careful consumptive is not dangerous."

The National Association advocates that student nurses be given first hand opportunity to become acquainted with the symptoms and care of tuberculosis by the establishment of tuberculosis wards in general hospitals. To raise funds for this and other educational work, the Association and its affiliated organizations are conducting the Fourteenth Annual Sale of Christmas Seals in December.

EMERGENCY EXPERIENCES OF A PRIVATE DUTY NURSE

BY SERENA D. ALEXANDER, R.N.
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(Continued from page 88, November JOURNAL)

THE patient grew worse; complications began to set in. I did not know there could be so many complications with pneumonia. Among the most distressing was an abdominal distension which grew constantly worse. I called the doctor's attention to this and to the fact that all my efforts to relieve it had failed. He took from his satchel a trocar and handed it to me, saying that if the condition grew worse I would have to use it. I asked how I was to use it. He replied, "Why, just sterilize it and puncture the abdomen." (Another example of the country doctor's unlimited confidence in the ability of the nurse to do anything.) "But, Doctor," I said, "I can't do that. We are not taught to do a paracentesis and I can't undertake it. I shall send for you if it becomes necessary." He replied that if it became necessary it would be too late by the time he got there, and he left me feeling very miserable, but determined not to go exploring into my patient's abdomen at hazard. At 2 a. m., I 'phoned the doctor. On hearing my report he said there was no use in his coming, there was nothing more to be done and she would probably be dead before he got there. He did not say anything more about that trocar, to my great relief, but said I might try anything I wanted to. I tried everything I had ever heard of, except puncturing the abdomen, and, in spite of it all, she rallied and after a long, hard fight, came back to health and usefulness.

For the past five years I have done office and emergency work during the three summer months for a physician located in a small mountain village which, during the season, is quite a summer resort. It is situated at the top of a steep and dangerous railroad grade and